

ITINERANT VENDOR REGISTRATION FORM
(NOT FOR SPECIAL EVENT VENDING)

PLEASE TYPE OR PRINT :

1. Name of Vendor: _____

2. Name of Business: _____

3. Business Mailing Address: _____
(Street Address or P.O. Box No.)

(City) (State) (Zip Code)

4. Business Location (if location is on private property, please include a letter of approval from property owner, attached to this application) _____

5. Business Telephone No. _____

6. Applicant: ____ Individual ____ Partnership ____ Corporation

Individual (Include name, address and telephone numbers): _____

Partnership (Include name, address and telephone numbers of ALL general partners): _____

Corporation (Include names, addresses and telephone numbers of ALL officers):

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

7. Nature of Business (Please be explicit): _____

8. Current New Mexico Revenue Division Identification Number: _____
 (If you do not have an identification number, please attach evidence of application for such. A temporary permit, valid for thirty (30) days, will be issued. If a taxpayer identification number is not provided within the stated thirty (30) day period, the temporary permit will be voided and reapplication for registration must be made).
9. Taxpayer Name(s) above identification number is listed under: _____

10. Identify business activity from the listing below:

_____ Itinerant Vendor (other than during Special Event)-Defined as: Any person, including any individual, estate, trust, receiver, cooperative, club, firm, corporation, partnership, joint venture, syndicate, association or other entity engaging in the sale of goods, wares, merchandise or services within the Village on a transient or temporary basis. Or as otherwise stated within the Village of Eagle Nest Ordinance No. 2004-01, Article 3, Section 3-1A.

FEE: \$100.00 – 1st day
 \$ 10.00 – Each succeeding day

11. DATED THIS _____ DAY OF _____, 20 _____.

 Name of Corporation, Partnership, if applicable

By: _____
 Signature of Applicant

 Printed Name of Applicant

 Office or position held, if applicable

NOTE:

**THIS APPLICATION MUST BE COMPLETED AND SIGNED
 OR LICENSE MAY BE DENIED.**